PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

NAKI-BP74

		CLAIMS A	S FILED	- PART							
Γ-,	OTAL CLAIMS		(Column			umn 2)	SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	19				RATE	FEE	7	RATE	FEE
<u> </u>	OR		NUMBER	FILED	NUME	BER EXTRA	BASIC FE		OR	BASIC FEE	
┢		ABLE CLAIMS		inus 20= '	•	Ď	X\$ 9=	1	OR	140.10	
⇤	DEPENDENT C			ninus 3 =		5	X40=	1		\	400
Mu	ILTIPLE DEPE	NDENT CLAIM PI	RESENT		-			+	OR		400
* If	the difference	e in column 1 is	less than zo	ero, enter	"0" in c	column 2	+135=	 	OR	+270=	.,,,,
		CLAIMS AS A					TOTAL		OR	TOTAL	1110
_		(Column 1)		(Colum	nn 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
END	Total Independent	<u> -</u>	Minus	**		=	X\$ 9=		OR	X\$18=	
¥		ENTATION OF ML	Minus ULTIPLE DEF	PENDENT	MIA IO	=	X40=		OR	X80=	
—			76. W. C.		ULF		+135=		OR	+270=	
							TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	rww			10011.1 <u>.</u>	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Q.	Total	<u> </u> *'	Minus	**		=	X\$ 9=		OR	X\$18=	<u> </u>
AME	Independent FIRST PRESE	* ENTATION OF MU	Minus	***		=	X40=		OR	X80=	
	FINOLINEOL	NIAHON OF MIC	LIPLE DEF	ENDENT	CLAIM		+135=	 	lt		,
							TOTAL		OR L	+270= TOTAL	
		(Column 1)		(Columr	וח (2 חי	(Column 3)	ADDIT. FEE		OR A	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST SER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL
<u>§</u>	Total	*	Minus	**		=	X\$ 9=			X\$18=	_FEE
AME	Independent		Minus	***		=	X40=		OR -		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		A40=		OR	X80=	
• If	the entry in colur	mn 1 is less than the	e entry in colur	mn 2 write "	'n" in coli		+135=	(OR	+270=	
***!f	f the "Highest Num	mber Previously Paid mber Previously Paid	id For" IN THIS aid For" IN THIS	S SPACE is le	less than	1 20, enter "20."	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEADDIT. FEE											